



JUN 18 2004 14:54 FR ANN ARBOR

734 995 1777 TO 917037464000

P.02/05

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 (703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 04/20/2004

Michael S. Gzybowski  
 Butzel Long  
 350 South Main Street  
 Suite 300  
 Ann Arbor, MI 48108

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Marilynn M. Peterson	(Depositor's name)
<i>Marilynn M. Peterson</i>	(Signature)
June 18, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/911,066	07/23/2001	Kazuhisa Senda	YPO0028	3060

TITLE OF INVENTION: GASKET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MITCHELL, KATHERINE W	3677	277-639000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. BUTZEL LONG

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NOK Corporation

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
 Publication Fee  
 Advance Order - # of Copies \_\_\_\_\_

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2136 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Michael S. Gzybowski (Date) 06/18/2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/21/2004 AWHONDAF2 00000029 122136 09911066

01 FC:1501 1330.00 DA  
02 FC:1504 300.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PAGE 2/5 \* RCVD AT 6/18/2004 2:48:39 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-2/0 \* DNI:7464000 \* CSID:734 995 1777 \* DURATION (mm:ss):02:18 \* COMMERCE



JUN 18 2004 14:54 FR ANN ARBOR

734 995 1777 TO 917037464000

P.01/05

**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Applicant(s): Kazuhisa SENDA, et al

Docket No.

121036-0009

Application No.  
09/911,066Filing Date  
07/23/2001Examiner  
Katherine W. MITCHELLGroup Art Unit  
3677

Invention:

GASKET

I hereby certify that this Transmittals for Payment of Issue and Publication Fees, and Fee Transmittal  
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703.746.4000on 06/18/2004

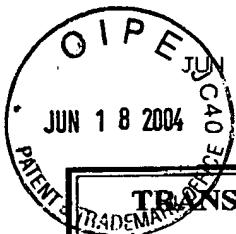
(Date)

Marilynn M. Peterson

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P.04/05

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)  
(37 C.F.R. 1.311)**Docket No.  
121036-0009

Applicant(s): Kazuhisa SENDA, et al

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/911,066	07/23/2001	Katherine W. MITCHELL		3677	3060

Invention:

GASKET

**Mail Stop Issue Fee**  
**COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith are the following for the above-identified application.

Issue Fee Transmittal Form PTOL-85

Utility Fee: \$ 1330.00  Design Fee: \_\_\_\_\_  Plant Fee: \_\_\_\_\_

Publication Fee: \$ 300.00

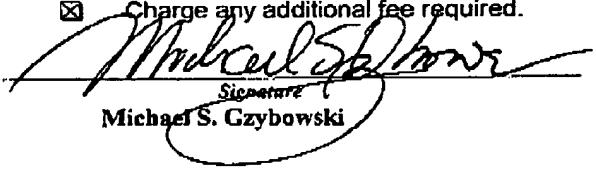
A check in the amount of \_\_\_\_\_ is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 12-2136 as described below.

Charge the amount of \$1,630.00

Credit any overpayment.

Charge any additional fee required.

  
Signature  
Michael S. Gzybowski

Dated: 06/18/2004

CC:

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06/18/2004

Date

  
Signature  
Marilynn M. Peterson

Typed or Printed Name of Person Signing Certificate

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Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence



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PTO/SB/17 (10-03)

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)
 **\$1,630.00**
**Complete if Known**

Application Number	09/911,066
Filing Date	07/23/2001
First Named Inventor	Kazuhisa SENDA, et al
Examiner Name	Katherine W. MITCHELL
Art Unit	3677
Attorney Docket No.	121036-0009

**METHOD OF PAYMENT** (check all that apply)

 Check  Credit card  Money Order  Other  None

 Deposit Account:

 Deposit Account Number **12-2136**

 Deposit Account Name **BUTZEL LONG**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)**
**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
Total Claims: <input type="text"/> -20** = <input type="text"/> 0 <input type="checkbox"/> X <input type="text"/> = <input type="text"/> 0.00			
Independent Claims: <input type="text"/> -3** = <input type="text"/> 0 <input type="checkbox"/> X <input type="text"/> = <input type="text"/> 0.00			
Multiple Dependent: <input type="text"/> = <input type="text"/> 0.00			
<b>Subtotal (1)</b> (\$)			1,330.00
<b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>	<b>Fee from below</b>	<b>Fee Paid</b>	
Extra Claims			
Total Claims: <input type="text"/> -20** = <input type="text"/> 0 <input type="checkbox"/> X <input type="text"/> = <input type="text"/> 0.00			
Independent Claims: <input type="text"/> -3** = <input type="text"/> 0 <input type="checkbox"/> X <input type="text"/> = <input type="text"/> 0.00			
Multiple Dependent: <input type="text"/> = <input type="text"/> 0.00			
<b>Subtotal (2)</b> (\$)	<b>\$0.00</b>		
<b>Fee Description</b>			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
<b>Subtotal (2)</b> (\$)	<b>\$0.00</b>		
<b>Other fee (specify)</b>	<b>PUBLICATION FEES</b>		
			300.00

\*\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)**\$1,630.00**
**SUBMITTED BY**

Name (Print/Type)	Michael S. Gzybowski	Registration No. (Attorney/Agent)	32,816	Telephone	734.995.3110
Signature			Date	06/18/2004	

**Complete if applicable**
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on**

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